

THE CHIRONIAN.

VOL. XXVI

SEPTEMBER, 1909

No. 3

MODERN SCIENCE AND HOMŒOPATHY.

By R. F. Licorish, M. D., Barbadoes, W. Indies.

Dr. Royal Copeland is certainly to be congratulated by all members of the school of Homœopathy for his able article on *The Scientific Reasonableness of Homœopathy* in the May number of this journal, since it represents Homœopathy in its true light; in such a light too as must appeal to scientific men of all schools of medicine. We must recognize, however, that such a position is due, in a great measure, to the investigations of eminent scientists of the old school. That fact we must recognize to their credit, since many have shown that liberal spirit towards Homœopathy, as soon as the scales from their eyes were removed through increased knowledge, which is always characteristic of the truly scientific mind.

The practice of Homœopathy is based on the assumed law of *similars*, *i. e.*, on the use of medicinal substances whose pathogenetic effects on the living organism are similar to the pathogenetic effects or symptoms, which are set up in the living organism by the causes or agents of disease. The first practical corollary drawn through experience from the law of similars is that the dose need be very small, *i. e.*, the medicine must be diluted in order to affect the disease or body in which the disease is manifested in a curative manner. The second corollary is the single remedy. This, is, however, a relative corollary, since it must be borne in mind that a proving may be made with a group of remedies. In that case the group may be used as a single curative agent. The fact that the vast majority of remedies used by us are really chemical compounds, must render the above statement self-evident to all. The *fons et origo* of the practice of Homœopathy is the use of the similar remedy, the small dose

and the single remedy being, as I have stated, corollaries which experience has taught Homœopathy as a practice of medicine has been based hitherto on a *posteriori* reasoning. The vast majority of homœopathic physicians having learned from experience the curative action of their remedies, are content therewith. The *raison d'être* of that curative action does not concern them much now whilst that position is good for themselves and good for their patients, and that is certainly most important, yet it does not help Homœopathy as a science, and yet it ought to do so, since, as Dr. Copeland in a quoted remark, truly says, "a natural law is simply a recognized system of sequences or relations." But although Homœopathy can be proved to a great extent to fulfil the conditions requisite to establish a law in nature, yet man in consequence of his enquiring mind, his love of truth, is ever seeking to look behind the veil to learn the *causa vera*. Hence, amongst homœopathic physicians those with this scientific mind are found chiefly amongst those using the lower potencies in order to keep within scientific demonstration and collateral measures for the relief or cure of disease.

But after all is said it is really not the similar remedy which has hitherto been the stumbling block as regards Homœopathy to the members of the old school of medicine; the real stumbling block has been, and is, the minute dose, the infinitesimal dose. And herein lies the great advantage to medicine—pure and simple—from the recent physical and chemical discoveries as regards the composition of matter by which the energy used up in the combination of molecules and atoms, is showed to be liberated by dilution.

In considering the relationship of Homœopathy to modern science, I shall, in the first place, consider the similar remedy. In order to do so we must take into consideration the question, what is disease?

To get down to fundamentals we must learn that disease is a non-adjustment of the dynamics of the living organism to the influences of the environment, using the term environment in its very broadest sense. In confirmation of my definition it must be borne in mind that a living organism is the product solely of past and present environment. The living organism being the result of past and present environment, being thereby adjusted to the environment, all disease must result from conditions in the environment to which the organism is not adjusted. But the living organism has a great plastic power through which it makes efforts to adjust itself to

only inimical conditions which may appear in its environment. It must be plain, then, that nature, as represented by the living organism, always makes an effort to adjust itself to any pernicious influences represented by disease.

But the living body, apart from directly fatal diseases, is at times unable to adapt itself to the inimical condition of the environment. This I hold to be the case as regards cancer. The living body is composed of a vast number of cells of various kinds. But the relative importance of the different kinds of cells is maintained by the control of the central nervous system. Virchow's theory is that each cell has power, *per se*, to reproduce itself, and his pathology is based on that assumption. But in doing so he loses sight, in some measure, of the correlative importance of the control increased by the central nervous system. Let the nervous control be relatively lost and the cells, being still supplied with nourishment, become riotous in their behaviour and cancer results.

Now I hold that cancer is caused, in the first place, by constant or recurrent irritation, and in the next, to loss of relative control of the central nervous system. As in the case of galls on trees, the constant irritation induces increased nourishment and increased power, *per se*, of the cells to reproduce themselves. Once this power is present, the cells reproduce themselves independently of nervous control and cancer results. That there is in cancer an independent power inherent in each cell to reproduce itself is evident from the fact that in metastasis to other parts of the body the nature of the distant new growth is the same as that of the original growth. This theory of cancer may be called the *vital theory*, since it is a vagary of vital action. The unity of the living organism is lost in so far as the part affected is concerned. I hold that this view of cancer deserves some consideration.

Let us consider the cause of fever. The question is, what gives rise to the elevation of temperature? Is it due directly to the disease producing agent which has given rise to a disturbance in the system, or is it due to an effort on the part of the system to counteract the inimical influence, the disease? I agree with Adami that the elevation of temperature is due to an effort of nature to counteract the disease.

Let us consider now the case of a bacterial disease, in order to throw light on the above contention as regards fever, and for other

purposes in vindication of the scientific truth of Homœopathy. The germs gain an entrance into the fluids of the body and there propagate themselves. Does the presence of the germs give rise to an immediate injurious effect? I think not, except in so far as secretions from them depress the system. But they would undoubtedly go on multiplying and so produce disastrous effects were it not for the phagocytes. These immediately seize and engulf the germs, thereby killing them. But we know that as a result of the death of germs, as well as the result of a secretion from them, a toxin is produced. This toxin must be highly injurious to the living system, and being thus injurious, the system, in order to protect itself, throws out an antitoxin, an antidote to the toxin of the disease. It is maintained that the serum of the blood must contain a something which enables the phagocyte to seize and engulf the germ. I suggest this explanation: At the beginning of the struggle between germ and phagocyte, the latter is capable of overcoming and engulfing the germ and throwing out the *debris* of the dead germ. But as the struggle continues a toxin from the dead germs is formed which enfeebles the phagocyte. But the presence of the toxin in the system has started a reaction through which an antitoxin is thrown out by the system, which, being of the nature of an antidote to the toxin present in the system, destroys, to a more or less degree, the latter's effect on the phagocyte, hence with renewed energy on the part of the phagocyte the battle between germ and phagocyte continues. But what has this struggle and its result to do with Homœopathy? Herein lies the analogy. As is well known, when Wright wishes to increase the opsonic index, he introduces into the system an infinitesimal dose of the dead germs of the same kind of dead germs which has given rise to the disease under treatment. Moreover, if the infinitesimal dose be too large, a direct aggravation of the disease takes place, as is proved by the lowering of the opsonic index. Plainly, then, a similar application of a curative measure and a similar aggravation as a homœopath gets by too large or too frequent repetition of the similar remedy. Biological curative measures may be classed into (1) curative vaccines such as Wright's method of raising the "opsonic index" by means of a vaccine obtained from the dead germs of the same disease; (2) curative serums. These are antitoxins already thrown out by the system and found in the serum of the blood of immunized animals,

such as diphtheria antitoxin and Yersin's plague serum. The curative serums are undoubtedly of the nature of an enzyme, since very large doses are required to be used when an immediate effect is desired. They may also be kept for long periods without undergoing chemical change. (3) Apart from the above we have prophylactic vaccines, as in the case of Haffkine's plague vaccine and Wright's typhus vaccine. These are obtained from artificial cultures of the germs. During the growth certain secretions are thrown out as well as a prodigious increase of the germs themselves take place. The cultures are then submitted to heat by which the germs are killed, but the secretions and the dead germs retain their activity and can be kept and used as a non-vital chemical product. As regards these the question arises, is the activity due to the secretions from the moving germs or from the dead germs, *per se*? I am of the opinion that the secretion is the active portion. As to decide the question would require experimentation, I class them together, as is the custom. These prophylactic vaccines undoubtedly act by provoking the living system to throw out the antidote, the antitoxin. That such is the case is proved by the fact that revaccinations increase the power of immunity conferred by the use of the vaccines. And, by the way, it seems time that Widal's test for typhoid is not a test for the presence of the *toxin* of that disease in the system as is held, but is a test for the presence of the *reacting antitoxin* for typhoid.* This is clear from the fact that for the first few days of the disease the agglutination does not occur, but the power to do so increases with the duration of the fever, and is at its height when convalescence is well established. It is also found years after an attack of typhoid, thus showing that subsequent immunity from typhoid is due to the presence of the antitoxin in the system. A similar condition is probably present in all similar diseases, in the self-termed infectious diseases. Curative serums do not fulfill all the conditions of a homœopathic remedy since the action is really an *isopathic* one, an action, however, which has always been claimed as inclusive with Homœopathy.

*Ledingham has recently found that the serum of typhoid cultures shows a high opsonic content for the homologous stains of the bacillus typhus.—*Post-Graduate Journal*, for July.

Since it is evident that many of the symptoms of disease are really of the nature of efforts put forth by the system to protect itself, as in the case of fever, it must be also evident that the curative action of Homœopathy must depend on the secondary action of remedies. The action of a homœopathic remedy must, therefore, amount to a reinforcement of nature's efforts to effect a cure. The reproving of drugs under scientific conditions only to be found in the present day, must, therefore, seem a necessity if we are to gain the widespread recognition which the scientific position of Homœopathy is entitled to. That the nature of a homœopathic cure is within nature's own efforts as a cure, is evident from the fact that too large a dose, or too frequent repetition, frequently leads to an increase of what we suppose to be the symptoms of the disease, *i. e.*, to an aggravation. That disease is a non-adjustment of the organism to inimical influences, and that the system is so plastic in its dynamics as to be capable of adjusting itself to deleterious influences we know from the fact that the system may so adjust itself that large doses of arsenic, opium and other drugs may be rendered comparatively harmless when taken in enormous doses by a gradual habituation of the system to the harmful effects. So, too, in the case of bacterial toxins on animals, in our efforts to obtain anti-toxins. That the system is, however, as, a rule, only capable of adjusting itself partially is seen when we consider old age. Old age may then be considered a partial adjustment of the system to the innumerable injurious influences to what the organism is brought under during the many years of life.

The first corollary from the law of similars is the small dose, the infinitesimal dose, a corollary which experience has taught us the use of the similar remedy. It is useless to restate the results of recent science in this line, since Dr. Copeland, whose article has already summed them up. Wright, in England; Robin and Huchard and Grauer and Von Behring, in Germany, have given their testimony to the efficacy of the infinitesimal dose, but the physicists and chemists were the first to show the way. These have demonstrated how matter is formed from positive and negative electrical units, the separation of which by dilution demonstrated the source of action. But the homœopaths have much to blame ourselves for. Knowing from experience that dilution developed action, we never undertook the suitable experiments to demonstrate to the scientific

world our true position in science. No doubt this was due to the absence in our schools of suitable laboratories and men whose time could be devoted to work of that nature. In fact, I believe our success as physicians, tended, in a great measure, to hamper us in doing work which demanded time and exhaustive study. However, the time is fast approaching when not only shall we have laboratories of our own, but we shall be admitted to the great laboratories endowed by the state and the munificence of the wealthy, to investigate the truths connected with our school.

The second corollary drawn from the practice of similars is the use of the single remedy. The single remedy is right in principle to a great extent. But when we consider the unity of the organism through the central nervous system, we must see that no one part or organ can suffer without the others also being affected in a more or less degree. This is especially the case with the great vital organs as the heart, the lungs, the kidneys, etc. Let the heart or kidneys be affected and the most distant or indirectly related parts are affected likewise. Often does a physician of experience see an enfeebled heart striving to overcome obstruction of some organ through congestion. It is not wise under these circumstances—mechanical assistance—to relieve the engorgement, and then with our homœopathic remedies aid the cells, etc., of the heart to regain strength if possible. Since no one part can suffer alone, it must be proper, in some cases, to give medicines in alternation which affect electively different parts of the system. However, it is always best to select a remedy which extends its action to the ramifications of the disease, if that can be found. We must remember, however, that the vast majority of our remedies are chemical compounds, and are thus on a par with attenuation of even mixtures. I aim at speaking the truth so far as I know it, since only in that way can we maintain our true position. I am well aware, however, that the above remarks, *re* alternation, may give cause of offense to many.

To sum up. I hold (1) that never before has it been possible to place the principles of Homœopathy before the scientific world in so favorable a light; (2) that the law of similars is being gradually proved to be the biological law of curative medicinal therapeutics; (3) that the infinitesimal dose is in accord with recent science as demonstrated by chemistry, physics and biology as seen in serum and vaccine therapeutics; (4) that the single remedy like the special vaccine and serums offer the best practice in the cure of disease.

I have also herein made some suggestions which appeal to me as being in accord with present day knowledge. I present them in hopes that they will receive careful criticism, since only in that way can truth be arrived at.

Barbados, West Indies, July 30, 1909.

CLINIC AT FLOWER HOSPITAL.

Monday, May 16, 1909.

By Wm. Tod Helmuth, M. D., and Wm. H. Diffenbach, M. D.

[This clinic was reported in the *North American Journal of Homœopathy*. The subject is of such importance that the CHIRONIAN wishes to reproduce it.—ED.]

DR. HELMUTH: The clinic to-day consists of demonstrations of the use of radium in the treatment of non-operative malignant growths. The reason we bring this before you to-day, is on account of this treatment receiving more or less publicity, and as a consequence Dr. Dieffenbach and I have been deluged with letters and questions calling for all sorts of explanations, and taking it from that standpoint, we came to the conclusion that it might be interesting to you to see the actual work of this treatment.

I want to say, before we go any further, that, as you know, this is absolutely new and original, and, as a consequence, we are not yet prepared to give any great or positive statistics. However we have had some remarkable results, and just how far we are going to succeed in the future remains to be seen. Later on, perhaps, we will give you full statistics and tell you just what we hope to do and what we can reach.

I want to state before you all, that the whole credit of this discovery or original research belongs entirely to Dr. Dieffenbach, and I have been only the man who has practically given the injections, done the mechanical part of the work. Dr. Dieffenbach has kindly consented to come here and explain to you something of the use of radium—what it is and how we use it. We have a number of cases that we will bring before you later on, and I am sure after you have seen these patients and have seen the condition which they are in,

that if we are successful in curing or even benefiting them, we have certainly made a step in the right direction. My great pleasure, ladies and gentlemen, is in introducing to you Dr. Dieffenbach.

DR. DIEFFENBACH: I want to thank Dr. Helmuth for the courtesy of his introduction and to state that I believe a great deal of the credit for the working out of the technique belongs to him.

The discovery of radium about ten years ago ushered in a new era in physics, biology, and, as we hope to prove by the future use of it, also in medicine. M. and Mme. Curie did not discover this by accident. It was due to hard research along certain lines which they were investigating with the view of determining certain facts in physics, and their success in isolating radium or radium-bromide is due to indefatigable research. Some years previous to the discovery of radium by the Curies, Prof. Becquerel, of the Academy of Paris, had noticed that uranium and its various salts, when placed near a photographic plate, had the ability to fog that plate, showing that certain emanations or rays were given off from this substance. These at that time were called the Becquerel rays, and no therapeutic value was attached to them. They were esteemed merely from the physical standpoint. They purified this uranium salt and when they had it absolutely purified they found that the rays were very much diminished, although the residue of the uranium gave off more emanations than the original compound. That led to the supposition that there must be something besides uranium giving off rays or electric charges, in addition to the original salt which they suspected was the source of these electric manifestations. They did a great deal of mechanical work, laboratory work, and Mme. Curie isolated an element which she called polonium—in honor of her native country Poland—which had radio activity and also shadowed the plate, and working further along those lines, they isolated the compounds radium bromide and radium chloride.

When we speak of radium we do not mean the element itself. We always have reference to some compound of radium, because radium itself has not been isolated as far as we know. It was found that these compounds had a number of interesting properties different from any compound in existence. It gave off heat in large quantities; it had the ability to fog plates, therefore it had actinic properties; it had the ability to throw off electrons into the ether, producing vibrations or radiations which had different properties

and which were labelled by the Greek names—alpha, beta, gamma, delta and epsilon rays, each of which had distinct physical manifestations.

Dr. Curie at one time went across the Channel to London to deliver a lecture on the properties of this compound, and he had a small vial which he carried in his vest pocket, both to and fro, crossing the Channel and back to Paris. On his return home and undressing, he found he had a marked erythema from this little flask which he carried in his pocket, and the supposition came to him that this had distinct physiological properties that affect the human body; and he gave a small amount of this radium to the professors at the Paris School of Medicine and they commenced to test it. On the first case they found it had very similar properties to the X-ray which produced necrosis, destruction and inflammatory changes in the tissues, and the evolution of its local use has been gradual, so that now we have fairly well defined lines along which we can go.

The radium research work has been taken up in England with a great deal of enthusiasm lately, owing to the patronage of the King. They have started a radium institution there, in which King Edward VII. is very much interested, and are testing numerous cases of cancer, nevæ, warts, various facial blemishes, etc., with a great deal of success with local application of radium.

In this country Dr. Abbe has done a great deal of work along this line and some of his classical experiments are worthy of reproduction. He found that by placing radium on the tissues he could destroy cells or produce scar tissue, or fibrosis in an epithelioma, in very short order; and the classical experiment which he made consisted in introducing tubes of radium into a cancerous process leaving the tubes in varying lengths of time, then, in cases of the breast, performing a complete Halsted. In one of these cases the pathologist made a report as to the exact nature of the conditions and showed that wherever these tubes had been introduced into the breast of this woman, the cancer cells had lost their nuclei and their protoplasm, many of them had been absolutely destroyed, and surrounding the destroyed cells was an area of connective tissue fibrosis; absolute scar tissue resulted from the introduction of these tubes. Some distance from these tubes, where the rays did not penetrate, the cancer cells were just as active as before, showing that radium will cure only such cases as it can reach or which its radiations can reach.

The next question arose, how can we affect lesions which we cannot reach externally? and Braunstein, of Germany, was one of the first to inject local tumors with radio-active water (which he made by distilling a compound of radium with water), injecting it locally, and his reports in the *Muenchener Medizinische Wochenschrift* show that he has done similar work to that of Abbe and others who have used it locally.

Five or six years ago, in this amphitheatre, Dr. King demonstrated a new method, which we first used in the clinic here, of introducing coated sticks into malignant growths. We had celluloid pencils coated with this compound of radium and introduced that deeply into the tissues aseptically and attempted in that way to destroy malignant growths. The results were far from satisfactory except in superficial growths. There was one case of a large epithelioma of the ear which was absolutely cured, and which I showed before the Pathological Society just a few weeks ago, and which has remained cured for four years.

Personally, I started to use this compound in 1902, purchasing a tube which was considered fairly strong at that time, but which I subsequently replaced by a more powerful tube, and the work that I used it for was practically local malignant conditions. I also attempted to use radio-active water, in one or two cases of inoperable cancer of the stomach, with the idea that radio-active water would inhibit or destroy or change the cancer cells in the mucous membrane of the stomach. The results, however, were not satisfactory. The patients died.

The case which has created a great deal of talk and which has become public within the last few weeks was one sent to Dr. Hel-muth for examination of a tumor in the right inguinal region. It was pronounced by the doctor as inoperable, and the patient was sent to me to see if I could check or inhibit the growth with Roentgen or X-ray. I used the Roentgen ray for two or three months intermittently, using filters so as to prevent irritation of the skin or dermatitis. But in spite of that and because of the fact that we had to give heavy doses, we got such an irritation of the skin that we had to cease the treatment for a few months.

After the cessation of the treatment the tumor grew perceptibly larger and marked œdema of the right thigh resulted, and the patient in desperation asked me whether this was the beginning of

the end. I replied that surgery having proved ineffectual in the tumor and the X-ray having proved only palliative, I knew of nothing which had been approved by medical experience to try in his case, and that he would have to look forward to the growth of this tumor and possible exitus lethalis. I suggested to him, however, that theoretically, inasmuch as we have had the most brilliant cosmetic results from the use of radium in epithelioma of the skin and mucous membrane and in lupus, if we could reach his growth with radium in some way, there would be a possibility—not a probability—of so influencing this lesion that we might either inhibit or contract it.

I would preface this by saying that three years ago we had another method of technique which appealed to us in inoperable cases and in cancerous uteri, in which we took a solution of gelatine mixed with a small quantity of radium and, after the surgeon had removed as much of the malignant growth as he was capable of, following up within a week or ten days this surgical procedure by local tamponage, applying saturated gauze along the lines of incision so as to prevent recurrence and also to prevent spreading of the malignant lesion in the vagina. I have two cases on my books; one particularly, a case of Dr. E. G. Tuttle, which was pronounced inoperable, but which the doctor operated, successfully removing the great mass of the tumor, performing a hysterectomy, and then turning the case over to us for treatment with radium, so as to prevent further spread, inasmuch as there was involvement of the vagina. That case has been treated for over a year now and to all intents and purposes, so far as we can tell by examinations, there is no active cancer process in that vagina to-day. She is a patient of Dr. Swift, and he is seeing the patient every few days, and can corroborate my statements, and Dr. Tuttle can also corroborate the fact that the process has been either entirely destroyed or so inhibited that at present there is no sign of the tumor.

This being so, I suggested to this patient that if his abdomen could be opened and we could inject this tumor with radium gelatine—which is very diffusable and carries the emanations of radium with it through the tissues—we could possibly arrest its growth. It was done entirely as an experiment. We did not know what a quantity of radium would do if absorbed into the tissues and what its effect on the heart would be, but the patient agreed to try the

experiment out of desperation, because there was no other loophole for him. He was operated upon in this amphitheatre by Dr. Helmuth, and perhaps Dr. Helmuth will give you his surgical technique. To put it briefly, he had a very bad night, and had a number of physiological symptoms, which have been repeated since following the injection of radium and which it will be interesting to follow and corroborate; but after two or three days of lingering he commenced to improve, and within five weeks Dr. Helmuth and I thought it was absolutely safe to discharge him from the hospital, and he is now in his home in Tarrytown. I received a letter from him yesterday saying he was very comfortable, that he was walking around in his garden, and that the tumor itself gave no trouble at all. This case was reported to the students at the time of the operation. In fact, the students saw the operation, and a few weeks ago when I finished my course on electro-therapeutics I mentioned the results to them, and it is assumed that in that way publicity of the matter was disseminated.

I have a few things more which I would like to show you, so as to let you know what this almost mythical substance, radium, is. Few people have ever seen it. It is obtained from a black mineral, which I have here in powder form, called pitchblende, which contains a quantity of uranium, some barium, some bismuth, and a number of other minor minerals. It requires two tons of a good quality of pitchblende to secure one grain of pure radium, and that quantity of this pitchblende must be worked over chemically, and that accounts for the great expense of this material. The fact that pitchblende itself is rather scarce (the Austrian Government has a monopoly on its mining), and the further fact that the laboratory methods of securing it are so tiresome, and require so much time, would alone justify the great expense of this compound.

This pitchblende after it has been thoroughly passed through the laboratory remains as either radium chloride, radium acetate, radium sulphate, or radium bromide. Those various compounds are used by different men. The pure radium which I will show you in a moment is radium bromide—the small yellow mass you can see at the end of this flask, barely the size of the tip of a knife—that is 10 m.g. of pure radium, and the cost to-day in Hamburg is 4,000 marks. When it was landed in the United States it cost about \$1,200, *i. e.*, for 10 milligrams.

I want to explain what we mean by activity, and would state that the power of comparatively good pitchblende, which contains uranium oxide, is rated at 1, just as we rate the atomic weights of elements. We rate hydrogen as 1, and others according to that. This, in radiology, is rated at 1, and the compounds secured depending on their purity, receive numbers, such as 25,000, 8,000, or the pure, which is supposed to be 1,800,000 times stronger than the original pitchblende of the same quantity. Therefore, when we speak of 25,000 activity radium, we mean a preparation of radium stronger in electric rays, 25,000 stronger in amount of heat and 25,000 stronger in the chemical energy which it possesses than the uranium oxide, the pure radium having 1,800,000 activity.

It is very important to have some method of testing these rays, so that we know whether we are receiving what we purchase or whether the radium itself is as active as it should be. This electroscope which you see here, the Braun electroscope, is used in Germany and is calibrated so as to be discharged in one second by a current of 100 volts. After the charge of this electroscope we can, by holding a quantity of radium near it, determine whether it is active or not. (The presence of these sticks has prevented me from charging that as completely as I could have otherwise. The indicator is going down without being touched. I have had these tubes too close to it.) We test this radium, coated radium or the solutions of radium, by holding these above the charged electroscope—that amount for injections. The solutions of radium used are preserved in little bottles and must be kept at moderately high temperature to remain liquid, and a small amount of an antiseptic is added to keep it absolutely sterile, and the injections made; the doctor will show you in a few moments the essential points in regard to this. This bougie we have used in cases of inoperable cancer of the rectum by the mere placing of the bougie against the cancer and getting the radiations against the diseased tissue.

I have a pathological drawing here which may interest you. First I will show you a photograph which we took with some of the radium pencils. That represents a pair of small scissors, a large key, a maltese cross—all photographed with these different preparations of radium, showing the penetration through opaque materials, very much like X-ray. The X-rays which we use principally and on which we rely for our therapeutic work are the beta and gamma

rays, the gamma rays being very much like a mild X-ray, the beta rays being practically identical with the cathode rays of the X-ray tube.

This is a sketch which perhaps most of you can decipher. That represents radium placed over cancer cells which were subsequently removed. This shows cancer cells in full virility. This shows the squamous cancer cells with vacuoles—the nuclei and protoplasm having been destroyed, and this the connective tissue stroma—which follows an attack of radium. Radium sets up mild irritation, following which we get some scar tissue. You will also see radium alone can penetrate up to a certain line. These parts are still active and continue to prosper and produce cells of their own kind, while the upper portion is destroyed. If we could get the radium in here where these are, in some way, we could also destroy the deep cells as well as the superficial. The question therefore resolves itself into a matter of technique. If you can inject this radium into these deep tissues and get a diffusion of radium rays, you possibly, very probably, can get destruction of all the cells which will be within the sphere of these radiations. If you do not reach these cells with your radium, your efforts will be successful only in the sphere in which the radium has touched the malignant tissue.

This is a sketch of an epithelioma, which shows how the cosmetic result are obtained. This represents an epithelioma of the upper lip. After two weeks it showed this change; after another month it showed merely these two small masses here, and gave a good cosmetic result.

The action, as already stated, is the destruction of the nuclei of the epithelium, following which we get a reparative scar tissue formation and a clean, healthy scar.

Like a good many other things, if you get too much of this you will almost produce what you are attempting to cure. Too much radium will produce an ulcer. Therefore, the question of time and repetition of treatment is of great importance in radium, as well as in all other remedial measures. Thank you, gentlemen.

CASES.

DR. HELMUTH: We bring before your notice, first, a case operated upon some six days ago. This case had a growth inside the abdomen, was operated outside this institution, and it was found

the intestine was too much involved; it was impossible to remove it, and an artificial anus was made. We bring in this patient to demonstrate the effect of the radium after a short space of time. He has lost all cachexia, and the appearance in the face that goes with cancer, the face is filling out and even in the short space of time he has been in the hospital we can, we think, notice a small diminution in the size of the growth, but bring it in simply to show the effects of the radium after a little treatment. We are obliged to leave the drainage tube in because we were a little bit afraid of just what might happen. We did not know whether there might be some little sloughing of the tissues, and if that took place we wanted to be ready to take care of it, so we did not attempt to heal the wound up by first intention. There you have the appearance of the wound. Here you have a little device which this gentleman has made for himself, which has proved to be a most satisfactory receptacle for any discharges that come from a wound of that kind. It is a small bag attached to a rounded piece of metal which goes about the waist and is held down tight. You can see from this patient that there is comparatively little or no enlargement there, which was quite prominent when the patient came to us. We can feel it yet, and it is too soon to expect a very great change in six days. We do not expect to do miracles, but I think we can make out a slight diminution in size. You can see from this man's face there is not very much cachexia about him now. The face is full and he looks in first-class condition, and I think, and hope, and trust, we are going to get a good result, and I believe from all appearances we are going to be successful. This is simply a sample case after six or eight days' treatment.

No. 2. The next case is sarcoma of the thigh—not an osteosarcoma, but simple muscular sarcoma. We injected this, I think, last Friday, and we were very anxious to get results—something that we might show you that was definite and positive in the short space of time as a result. We put in the largest dose of radium of any we have had under treatment—I think pretty nearly a full ounce—and as a result of that injection this patient has had very marked reaction. We are going to have Dr. Fobes read the history of the case so you can judge the effects of the mysterious material. We will first show you the growth. It extends into the joint and even if we wanted to make a disarticulation of the hip joint, the

involvement is so great in the groin it would be absolutely useless. Here we made our puncture, there is another. The punctures were directed first one way, making a wheel, then directed in the opposite side—and this all the way around the tumor, so we hope to make these wheels coalesce and control or obstruct any extension of this disease. Now this case comes to us after treatment by other methods. She has been treated by Coley's method in other institutions, and you can see she has had comparatively little or no results from the treatment. We hope to get this down, but whether we will or not remains to be seen. This inflammatory condition is practically all gone. Now the skin is white and not very much inflamed, but day before yesterday that was all inflamed; the tissues were very tender, hot and sensitive to touch, but that is all gone. The temperature jumped yesterday to 104, so you can see there has been pretty severe reaction.

History read by Dr. Fobes: Patient, woman, 18 years of age, admitted May 14th. Family history negative as far as malignant growths are concerned. As far as previous illness is concerned there is nothing to state. Eight months ago patient noticed a hard swelling on the right thigh, the size of a lemon; has never had it before, and knows not how it started; it gradually increased in size; there has been no pain connected with it. It was treated with Coley's serum about two weeks before coming to this hospital, and there was no reaction evidently.

Entered Flower Hospital with normal temperature and pulse 80; continued in this condition until afternoon of May 7th, when radium was injected under local anæsthesia; returned from operating room at 3:30 P. M. in usual health; at 4:15 was nauseated, vomited a large amount of mucus and bile and some dinner; five minutes later had severe chill, pain in both lower limbs, severe pain in legs, which have continued ever since—at times so severe as to make patient cry out. Since the operation patient was nauseated three times up to May 8th, and vomited twice. Patient says she is nauseated all the time, and has been so ever since the first afternoon of operation. On the evening of May 8th patient complained of severe cutting pains all over the body, due to the reaction of radium, and especially a bad headache coming on every afternoon at about four o'clock, and continuing all night when not asleep; feels sleepy all the time but cannot sleep. Tem-

perature remained normal, 8 P. M. May 7th it went to 100, pulse 130; at midnight, temperature 98; pulse, 130; 4 P. M., May 8th, temperature went to 101.8 with a pulse of 96; at 8 P. M. same day, 102.8, and at 4 A. M., May 9th, it was 101.6; it gradually went up as high as 104 at one time on May 9th, and has gone down gradually since then, so that now it is 101 and pulse 120. She still complains of pains all over the body, but not so much as previously.

Case 3.—DR. HELMUTH: The next case that we will have before you is a very bad case of osteo-sarcoma. You will remember I said we had given an ounce of injection in this last case, but that patient is in very much better condition physically than the one we are going to bring before you now, and the reactions were so severe we did not dare inject that amount in this patient, so I think, with Dr. Dieffenbach's advice, we shall inject only one to two drams and wait a certain time until that reaction passes over, and then inject again. I am sure when this patient comes in you will see that there is no question or doubt as to the diagnosis of these cases. That is the first question that was put to us—both Dr. Dieffenbach and myself—whether these cases that we have treated were really cancerous, or whether we had made a mistake. Now, perhaps, he has told you that we were fortunate in all these cases to have our diagnosis verified by other men; and in one case we have had such brilliant results from we have had examinations by two pathologists who are thoroughly up in their subjects. We will have the history read before seeing the case.

History read by Dr. Fobes: Patient, woman, aged 15 years, came into Flower Hospital May 8th. Family history shows nothing but cardiac disease, and history of the patient shows no serious condition, measles being the only disease she has had. About two years ago patient received a blow on her leg, and ever since then the spot which was hit has been tender to touch and slightly swollen. Last September it swelled very rapidly, the pain became very severe and increased until she could not walk. That is the entire history.

DR. HELMUTH: The syringe used is the ordinary one with a long point so as to penetrate two or more inches. We have no abdominal cases to-day, but these we have are the most satisfactory to treat at the present time, because we can see exactly what we are accomplishing. Some of the growths in the abdomen, as the first, we cannot be very positive about for a long time, while these cases of growth on the surface we can watch and note progress exactly.

Notice the difference in the appearance of the faces—the patient just gone out and this one. The whole expression of the face is very poor indeed. In this growth we have the classical characteristics in form and appearance that you would expect to get—smooth, shiny, glossy appearance, peculiarly sensitive to touch, and it feels as if some fluid might be in there, which is very different from carcinoma, which has a peculiar hardness, a woody sensation. The characteristic veins are over the surface. The growth extends into the groin, but the enlarged glands are not there as we would find in carcinoma. We find also a lack of pain and atrophy of the muscles below the growth, growing down to practically nothing. We find the growth grows to a large size, even as large as this, without breaking of the skin. Carcinoma is quite different, showing the growth to be deep, while this is on the surface. I do not think anybody here can say that is a wrong diagnosis, and that all helps us a very very great deal. I shall make only two injections in this case. I dare not do more than that. We will put in a dram directed in this way, making a wheel to cover a surface two inches in diameter and then direct it in the opposite way, and as that contracts and goes down, we will go right around the tumor.

Of course, I could give an anæsthetic, but I do not wish to have any more prostration than is absolutely necessary. We need all her vitality, and do not want to sap it a bit more than we have to. The quantity injected in this case is worth \$25. We have had many applicants, but the unfortunate part is we have not had the means with which to supply the radium.

Now we can watch that, and if you gentlemen will stay here a week we will have an opportunity of reporting on these cases and letting you see what the result will be.

Case 4.—The next case is for injection also, but it is a different variety of cancer. This is carcinoma of the breast. This woman has also been under treatment. I believe she has received tryspin at the Skin and Cancer Hospital. She absolutely refused to have an operation, and you can see the breast is practically all there. This is the characteristic carcinoma which shows itself just exactly as this case which has gone out. I do not think there is any question or doubt in your minds. This patient is in much better physical condition than the last, she is up and around, and I shall inject more than I did in the last, because I think she can stand more

of a reaction. I think none of you gentlemen can doubt that this is true carcinoma. There is a peculiar hard lump, like a piece of rock, no infiltration to it, and here there is breaking down of the skin, ulceration, that goes with a carcinoma, whereas the other grew to tremendous size without breaking down at all, and the axilla is full of glands coming on almost with the first nodule that appears in the breast; also the fixation of the tumor, growing fast to the muscles, while the sarcoma we could move around and push in different directions. This is absolutely fixed, and if we could lift the arm we could not move it at all. From all these symptoms one would be pretty certain in making a diagnosis of carcinoma. If I could get a section I would be very much pleased, as that would remove any doubt as to the question of what it is, but unfortunately the patient will not allow us to touch her at all with the knife, and so we will have to do the best we can. I will make four injections in this growth. I am a little shaky about going into the axilla, but do not think there will be any danger of puncturing anything. If anybody doubts that being carcinoma I would like to hear them say why, because we want to be absolutely certain of our diagnosis. The injections of trypsin (presumably—she does not know what it was) were made in the buttocks.

You can see the technique of the operation is comparatively simple except when you get into the abdominal cavity. That is another proposition, because in so doing you have to take as much care as in laparotomy.

Case 5.—The next case is a recurrent carcinoma of the parotid and I think here you will have no doubt as to the condition. All growths in the neck after 40 or 50 years are carcinomatous. Sarcoma is possible.

I want to say with reference to the previous patient, we are a little careful of injections there because we are afraid that gelatine might be taken up into the circulation and result in an embolism.

In this case the growth is involving the region back of the ear, running up into the inferior axillary and up the base of the head, and the glands down here are more or less involved. The growth is slightly movable, but has the peculiar hardness that goes with these cases. I would like to have an examination made because we have two things that might cause us to question the diagnosis. It might be lympho-sarcoma, it might be a carcinoma, or it might be a tuber-

cular gland I do not think it is a tubercular gland, but there is possibility. Of course, if we should get a section and put it under the microscope that would clear it up at once, and if he gives us an opportunity of taking out a section we will make a positive diagnosis. I will make only one injection, because the growth lies directly over all the large vessels, and we want to be careful in a case like this. The syringe goes in almost as if it were gristle.

That is all we have to offer you to-day for your clinic, and we hope that later on we will have good reports to make.

NOTES ON THE TREATMENT OF DISEASE BY THE ESQUIMAUX AND BY THE INDIANS OF NORTH AMERICA.

Second Paper.

By Walter Sands Mills, A. B., M. D.

Professor of Practice of Medicine, New York Homœopathic Medicinal College and Flower Hospital, New York City.

In the previous paper I gave some idea of the Indian medicine man, or shaman. As Parkman¹ says: "The Indian doctor relied more on magic than on natural remedies." This was because disease was believed to be due to the presence of evil spirits, and the duty of the shaman was to drive them away. To this end emetics and purges and blisters might be used during the incantations,² and in some cases decoctions and other preparations made from plants were used.

In some tribes the shaman fasts with his patient, or takes whatever dose he may give his patient, practices that obviously have their drawbacks, and would hardly do for the busy physician in civilization. Another favorite practice of the shaman is to suck the affected part in order to extract the evil spirit, and then to produce emesis in himself to finally dispose of the offender.³

In my reading I have kept constantly in mind the Indian's use of plant preparations for sickness. I wished to see if they had hit on anything that had later been appropriated in the materia medica of civilization. So far I have discovered very little. James Mooney⁴ gives a list of plants used by the Cherokee Indians, but how many

were used before the advent of the white man there is no way to find out. It is probable, however, that many of them have been used for centuries, long before America was discovered.

Abies Canadensis. Decoction of the bark. Used for diarrhœa.

Abies nigra. Decoction of the bark. Used for backache and headache.

Each may be homœopathic for the conditions named.

Aralia quinquefolia ginseng. Decoction used for headache and cramps, and for women.

The root was sometimes chewed and blown on the spot where the pain occurred.

This drug acts on the lower part of the spinal cord, according to Boericke.⁵

Crotalus, the rattle snake. The dripping blood of the crushed snake was used. What for does not appear.

It is used homœopathically in septic conditions.

Eupatorium purpureum. Was used for difficult urination.

Its principal action, according to Boericke, is on the urinary system.

Geranium maculatum, Indian name. "It removes things from the gums." A decoction was used for thrush. Sometimes the chewed fibre was blown on affected parts.

Its principal action, according to the materia medica, is in hæmorrhages and ulcerations.

Geum, water avena. Boiled roots for soreness of chest and cough.

In the materia medica for urinary symptoms.

Gnaphalium, Indian name, "simulating ashes." Gives life everlasting. Decoction used for colds. Also the vapor was used in the sweat bath.

According to Boericke⁵ the principal value of gnaphalium is in sciatica.

Helianthus, the sunflower. The crushed root used externally for bruises and contusions.

In Boericke for old cases of intermittent fever.

Hepatica, liver wort. In tea, or its roots chewed. For coughs, for dreams of snakes.

Materia medica, pharyngeal catarrh.

Hydrophyllum, water leaf. Root boiled and liquor used for pains in chest and back.

The materia medica recommends it for catarrhal inflammation of the eyes. Also to counteract effects of the poison oak.

Juniperus Virginica. Leaves and berries used for headache.

In the materia medica for urinary symptoms.

Prunus Virginica, choke cherry. Used during gestation.

In the materia medica as a heart tonic.

Pulsatilla. Used in decoction for pains in lumbar region. Powdered dry leaves for headache, as a snuff.

The manifold symptoms of *pulsatilla* cannot be taken up here, but it is pre-eminently a catarrhal remedy.

Quercus alba. The bark, boiled, is used by the Indians in diarrhoea. The acorns are eaten raw by children; they are eaten dried by adults.

The acorn kernels only are used in Homœopathy for spleen affections and vertigo.

Rhus aromatica. A decoction of the roots used for diarrhoea.

For diabetes, principally, in Homœopathy.

Rumex crispus. Bruised roots used on sores and abrasions.

Homœopathically, it is used for various pains, coughs and for diseased lymphatics.

Scutellaria lateriflora. Indian name. "It becomes discolored when bruised." Common name, "skull cap." It exudes a red juice when bruised. Made into a decoction with *scutellaria*, *pilora*, *hypericum corymbosum* and *styloranthus elatior*, it was used to promote menstruation. This mixture was also used by the Indians as a wash to counteract the evil effects of eating food prepared by a menstruating woman; or the effects of such a woman crossing the threshold. It was also used for breast pains and for diarrhoea.

Homœopathically, it covers certain nervous symptoms.

Symphoricarpos. The inner bark of the root boiled and a decoction made. This was applied cold to sore eyes.

According to the materia medica it is of use in vomiting of pregnancy.

There were many other plants used, but I have reported only those to be found in the homœopathic materia medica. This list is, perhaps, more interesting than valuable. But it serves to give some idea of the use of drugs by the Indians.

Some of their other methods of combating illness—driving out of evil spirits—had practical value sometimes. For example, blood letting and the use of blisters.

I will close this brief and discursive account of Indian and Esquimau practices by relating some of the customs connected with pregnancy, child-birth and the care of infants.

As noted in the first paper, the menstruating woman is considered to be unclean, and must often live apart. The pregnant and lying-in woman is also considered to be unclean. During child-birth the woman is always isolated. Among the central Esquimo⁶ the woman goes to a separate snow house or hut, with one woman attendant. The patient is obliged to cut the cord herself. For the first five days she can eat nothing but meat killed by her husband or by a boy on his first hunting trip. If the child dies, the mother has to limit herself to this diet for a longer time. For a year she must abstain from raw meat or from any part of an animal shot through the heart. For two months the woman must make no calls. Then she must enter every hut in the settlement. During this two months she must go in and out of her own home by a separate entrance.

The child wears a seal skin band until the navel drops off. At first the child is dressed in bird skins for a few days, then washed in urine⁷ and dressed in a second suit of skins. At the end of two months it is dressed in a third suit. The first two suits are exposed for a year and then sunk in the sea, except a portion of the first suit which is kept as a charm.

Among the Seminole⁸ Indians confinement takes place in a separate hut with women in attendance. The patient is delivered in a squatting position,⁹ and grasps a pole during labor. The puerperal period is over in four days.

Among the Zuni Indians¹⁰ the lying-in woman is alone with women attendants. The new-born infant is given a yucca bath. After four days the skin exfoliates, then the babe is washed in ashes and water, clothed in cotton cloth and put in a sand bed. After the navel comes off the infant is put in an immovable cradle. When able to walk children run about naked.

Among the Omaha Indians¹¹ at the time of labor the husband and children leave home. No man is ever present at a birth. In case of protracted labor the shaman is sent for. When he comes he gives a bitter medicine and departs. The placenta is removed by women attendants. The binder is used after birth. The patient takes two baths a day and her flow soon stops. She may be at her

usual work next day, or she may rest for a varying time up to three weeks.

The child is washed and put in a cradle. It is wet nursed until milk appears in the mother's breasts, when it is turned over to her and nursed for three years.

Among the Sia Indians¹² during labor the woman attendant gets behind the patient and presses down on the abdomen to assist in expelling the child. This is also done again to hasten the placenta. Birth takes place on a sand bed. The child is given a yucca bath. A woman with a three months' old baby nurses the new-born infant three days, then it is given to the mother. The mother gets up on the fourth day and goes to work on the tenth.

The Apache Indians¹³ have women shamans who attend patients in labor.

The Point Barrow Esquimaux⁸ isolate their women during child birth. They are not prolific. The child is nursed three to four years. During this time it is carried around by the mother in a hood at her back. The child is naked.

Among the Northwest Esquimaux,¹⁴ if a child is wanted, an image—a doll—of the desired sex is placed under the pillow to make the parents fruitful.

The Navajo¹⁵ brave must not look on a sand picture when his wife is pregnant because if he does it will kill the child. (Sand pictures are made of colored sand during the many elaborate ceremonies of the Indians, and always have a mystic or sacred character.) After birth the father must be the first person to look at the child.

Nursing is continued for three or four years by primitive people because there is no other food for infants but mother's milk. The manifold baby foods of civilization do not exist. Milk of domestic animals is never used for any purpose.

In some tribes continence must be observed for the entire period of gestation and nursing. In all it must be observed for several months.

These two papers serve simply to give the outlines of ideas more or less common among the Indians and Esquimaux regarding sickness and childbirth. They are the result of the desultory reading during the past six years of the massive but intensely interesting reports of the Bureau of Ethnology published by the United States

Government. These last are invaluable records for the student of anthropology in its manifold manifestations.

It may interest readers of the CHIRONIAN to know that Alex. F. Hrdlicka, a graduate of the New York Homœopathic Medical College, 1894, now of the Bureau of Ethnology at Washington, has written a book of some 500 pages on "Physiological and Medical Observations on the Indians of the Southwestern United States and Northern Mexico," published as Bulletin 34, Bureau of Ethnology, and issued in March, 1909. The work is the result of original observations, and is one of great value.

REFERENCES.

¹Francis Parkman, *Jesuits in North America*.

²W. J. Hoffman, Bureau of Ethnology, 14th annual report.

³John Murdock, as above, 9th annual report.

⁴James Mooney, as above, 7th annual report. The entire list of drugs here reproduced is taken from this report. I have used only those mentioned, homœopathically, by Boericke.

⁵William Boericke, *Homœopathic Materia Medica*.

⁶Franz Boas, Bureau of Ethnology, 6th annual report.

⁷Lyon, quoted by Boas, as above.

⁸Clay MacCaulay, as above, 5th annual report.

⁹The Seminole woman's posture in labor is not unique. It is found among many peoples throughout the world. In the *Transactions of the American Gynecological Society*, for 1880, will be found an exhaustive and classic paper by Dr. George J. Engelmann, entitled "*Posture in Labor, an Ethnological Study*." At that time Dr. Engelmann lived in St. Louis. He later moved to Boston, and died there a few years ago. His paper was well illustrated, and will repay careful study by anyone interested in obstetrics.

¹⁰Mrs. T. E. Stevenson, Bureau of Ethnology, 5th annual report.

¹¹J. Owen Dorsey, as above, 3d annual report.

¹²Mrs. T. E. Stevenson, as above, 11th annual report.

¹³John Bourke, as above, 9th annual report.

¹⁴Nelson, as above, 18th annual report.

¹⁵T. E. Stevenson, as above, 8th annual report.

EDITORIALS.

SEND YOUR SON TO A HOMŒOPATHIC COLLEGE

In the history of influential institutions organized Homœopathy is a recently added chapter. Its oldest existing college opened its doors sixty-one years ago. The New York College closes its first half century with the end of the next session. Most of the colleges, measured by the span of mortal life, are but a generation old. All of them, however, have lived long enough that the alumni lists not infrequently record the graduation of father and son, even unto the third generation.

The recently published "Alumni Directory" of the New York Homœopathic Medical College and Flower Hospital is a volume full of suggestive facts. Among other things noted it is interesting to observe the numbers of fathers and sons practicing together, and fellow alumni of this college. Were the writer better acquainted he could doubtless find other instances, but these are sufficient for the argument. There are the Boyles, the Carletons, the Coles, the Cranches, the Custis family, the Deuels, with another yet to report, the Fowlers, the Greens, the Griffins, the Hitchcocks, the Lanes, the Maeders, the Nevins, the Pettits, and two families of Smiths. With pardonable pride one father, within a few weeks, announced his "great pleasure that hereafter his son will be associated with him in his practice of medicine." Who could not take pride in a similar announcement? And what must be the genuine enjoyment of each other—father and son, associates in business, co-ordinates in education, children of a common *Mater*!

Unfortunately there is a reverse to the picture. Not all the graduates of homœopathic institutions have sent their sons to *Alma Mater*. A small percentage of homœopathic fathers have patronized the other school. In the nature of things some men meet a greater degree of success, as such things are measured, than do others. It is a sad commentary upon *something* that the fathers who have sent their sons to the other school are largely included in the successful class.

Dismissing for the time the possibility of a lack of loyalty to Homœopathy, the institution, we will look for other causes for this apparent disaffection. We doubt the validity of the usual claim

that this is a treasonable act. We do believe it is an evidence of bad judgment or ignorance of conditions, but it is not necessarily treason, although it may prove to be constructive treason. There certainly is the absence, in most cases, at least, of intent to injure Homœopathy. Indeed it is usually the case that the father himself intends to instruct the son in homœopathic philosophy, materia medica and practice after the boy shall have completed his college course. This is a scheme which usually dies a bornin'. The young man who has had four years of old school influence will rarely listen to dad on a matter of such "old fogvism" as homœopathic therapeutics. Hence the bad judgment and the constructive treason. This writer has personal knowledge of more than one instance of a partnership between homœopathic college father and old school college son, announced with the same pleasure recently expressed by Dr. Lane, which, within a few short months, ended most disastrously to domestic felicity.

"The hand that rocks the cradle rules the world." Never was a truer thing said, and it is nowhere truer than in the matter under discussion. The medical college is the cradle of pathy. The men who control the destinies of medical students determine for all time their attitude towards controversial questions. The homœopathic father who indulgently and weakly permits his son to wander from the fold, holding the fond belief that he can rectify the teachings of four years' daily contact in the lecture room, will, almost without exception, be rudely awakened one day to his fatal mistake.

In the opinion of this writer there is something besides lack of loyalty which is largely responsible for the sending of sons to old school colleges. Every practitioner of a father's age realizes that medical thought has wonderfully progressed since his own student days. He has heard and read of the opsonic work, of vaccines and serums, of bacteriological research, the Widal test, and the wonders of modern surgery. He looks back to his own days in college, and realizes that no word were given him of any of these things. Unconsciously he resents his own lack of knowledge and determines that his son shall not be so bereft. When we think of the boyhood home, which has not been visited in a generation's time, we recall the old furniture, the paper on the walls, the dipper at the spring, the dog in the kennel, the sapling at the side door, and all the rest of the home surroundings as they were a generation ago. We fail to appreciate that the boy living there now has "golden

oak" chairs to sit on, he looks at a new pattern on the walls, he drinks from a modern vessel, plays with a different dog, and climbs a knarled and spreading apple tree.

Too many homœopathic fathers have failed to visit the old college. They do not know that the present day faculty is awake to the progress they have noted, and not only awake, but it has actually installed the teaching and intimate knowledge of all these things. The leading homœopathic colleges are advanced as far in scientific attainment as are the best colleges of the other school. The laboratory methods receive the same patronage and the same encouragement as elsewhere. In bacteriology, in pathology, in sanitary science, in mental and nervous diseases, in electro-therapeutics, in surgery, in gynæcology, in ophthalmology, the same careful technique, the same skill, the same methods are employed. The faculty of every homœopathic college realizes that the students upon the benches are not physicians; they are laymen studying to be physicians. To be acceptable practitioners to a cultured community they must be versed in all that pertains to medicine. They must be taught, and are taught, all that can be given them of historical medicine, of the methods of other schools and of other times, of the comparative worth of this and that system. Above and beyond all this, of course, is emphasized the superiority of Homœopathy, and thorough drill is demanded in all that goes to make the Homœopapist the therapeutic specialist. The father who fails to appreciate that his Alma Mater is not the school it was when he sat in its lecture-halls, but, on the contrary, is a generation wiser and more learned, such a father has yet to learn an important lesson.

Dear fathers and brethren, it has been the pleasure of this writer to examine, more or less critically, most of the medical institutions of this country, and many in foreign lands. In the face of this intimate knowledge of medical schools he says frankly and positively that the leading homœopathic colleges offer, on the whole, more privileges, more opportunities to master practical medicine, a broader and more comprehensive education than can be found in any allopathic college on this continent.. For this reason we urge every homœopathic father to stand by the administration of his Alma Mater and the homœopathic college of his vicinity. To do so is not only to encourage Homœopathy, but also to give the son the very best in medicine.

C.

DIAGNOSIS AND TREATMENT.

In the *Critique* for August an article appears under the name of the Best Medicine, which seems to be an echo of the old days when it was taught in homœopathic colleges that a diagnosis was only necessary in order to sign the death certificate.

Happily for the good of the school, not to say of the patient, those days will soon be reckoned with ancient history.

True, one does not need to know the name of the disease to find the properly indicated homœopathic remedy, but diagnosis should have a broader meaning, and when the physician names the disease he should be able to draw a mental picture of the pathological processes which have already taken place, or which are likely to take place before recovery is reached. The author of the article cites a number of symptoms and conditions, and says: "Patient is six years old and frail. What shall we call it? Typhoid fever? Diphtheria? Worms? Well, just call it aurum triphyllum and save your patient."

Just call it aurum triphyllum! Does the good doctor wish his readers to believe that he would institute no more hygienic or dietetic means for his little patient who has a severe case of typhoid than he would in a simple case of worms? Shall we just call it aurum triphyllum and neglect other precautions including quarantine if the name of the thing happens to be diphtheria?

The patient with daily chill, fever and sweat preceded by a headache and followed by nausea and vomiting may have malaria, in which case the well chosen remedy will probably effect a cure, but the same patient may just as well be in the second stage of pulmonary tuberculosis and require far more than a simple prescription.

The woman with a slight leucorrhœa, itching of the vagina with frequent desire to urinate, may be suffering from a simple case of pruritus, or, on the other hand, it may be only a symptom of the underlying diabetis. In the one case the properly chosen remedy will be all sufficient, while in the other the remedy will not do the slightest good until the diet is properly regulated.

The CHIRONIAN does not wish to underestimate the great value of the homœopathic prescription, but it does wish to enter a vigorous protest against blindly treating a case without knowing as fully as may be the exact pathological conditions as they exist.

NOTICE.

There will be three positions as house physician and surgeon for service from December 1, 1909, to July 15, 1910, at the Metropolitan Hospital, Department Public Charities, New York City, open to any physician on competitive examination, who has served one or more years as an interne in a hospital.

Application may be addressed to

DR. E. P. SWIFT,
170 W. 88th St.,
N. Y. City.

ALUMNI NEWS NOTES.

Dr. W. Le F. Case, formerly house surgeon, Flower Hospital, has opened an office for the practice of medicine and surgery at 119 E. 86th St. Phone, 6165 Lenox.

Dr. John L. Moffat, '77, 1136 Dean Street, will be at 476 Main Street, Orange, New Jersey, from August 1st to September 7, 1909. All patients are referred to Dr. Charles E. Paine, 653 St. Marks Avenue, near Nostrand. Hours, 8-1, 7-8, Sundays by appointment. Telephone, 2385 Bedford.

Alton G. Warner, '83, M. D., 19 Schermerhorn St., Brooklyn. Hours, 8-1. Telephone, 229 Main. Dr. Warner announces that he will be out of town from August 5th to September 10th. During his absence patients are referred to Dr. Charles E. Paine, 653 St. Marks Avenue. Telephone, 2385 Bedford. Hours, 8 to 1 P. M., 7 to 8 P. M., Sundays by appointment.

Dr. Wm. H. Aten, '83, announces that during the summer months, with the exception of Monday mornings, Friday afternoons, Saturdays and Sundays, he will be in his office as usual. 8-10 A. M., 2-3 and 6-7:30 P. M. Please telephone during office hours only. From August 1-15, inclusive, he will be out of town. During his absence patients are referred to Dr. Robert L. Wood. Address, 129 Hancock St. Telephone, No. 340 Bedford.

Herbert Dana Schenck, M. D., '83, 75 Halsey Street, Brooklyn. Diseases of the eye and ear exclusively. Hours, 8-1. Telephone, 172 Bedford. Dr. Schenck announces that he will in his office after July 12th to August 9th, on Mondays, Fridays and Saturdays only

of each week. From August 10th to September 7th he will be out of town, after which regular office hours will be resumed. During his absence patients are referred to Dr. Charles E. Paine, 653 St. Marks Ave. Telephone, 2385 Bedford. Hours, 8 to 1 P. M., 7 to 8 P. M., Sundays by appointment.

J. Perry Seward, M. D., '93, 200 West 70th St. Tel., 18 Columbus. Dr. Seward announces that he will spend the summer from July 30th to September 20th at Riverside, Conn. Telephone, 1047-4 Stamford. During the first twenty days of September he will be in his office from 11 to 12 daily. Patients are referred to Dr. Guy B. Stearns, 119 West 82d Street. Office hours until 10:30 A. M. and from 5 to 6:30, Sundays by appointment. Telephone, 3993 Riverside. New York, July 26, 1909.

Dr. Rudolph F. Rabe, '96, 616 Madison Avenue, announces that from July 27th until September 25th he will be in his office Tuesdays and Fridays only, from 10 A. M. until 2 P. M. Mail may be directed to the office as usual or to Mt. Arlington, N. J.

Dr. R. Ralston Reed, '06, of Morristown, N. J., desires to announce that he has opened an office for the summer at the residence of Mr. E. L. Clarke, 25 Asbury Place (opp. the Arlington), Mt. Tabor. Hours, Monday, 7-8 P. M.; Tuesdays and Saturdays, 5-6 P. M., and by appointment. Morristown office, 20 Elm Street. Tel., 610. Only Homœopath in the vicinity.

Dr. H. J. Pierron, '84, has been ill with acute mastoiditis, but is now recovering.

Dr. Wm. H. Pierson, '83, is spending the summer at his country place on Peconic Bay, near Jamesport, L. I.

Dr. Henry B. Minton, '87, is at New London, Conn.

Dr. Fred. R. Meeks, '07, of the Prospect Heights Hospital, is spending his vacation at New London, Conn.

Dr. J. Lester Keep is at his summer home at Shelter Island.

Dr. Ralph I. Lloyd, '96, will spend his vacation touring in Maine.

Dr. W. W. Blackman is at Douglass Hill, Maine, for the summer.

DEATHS.

Dr. Wm. H. Griffiths, N. Y. H. M. C. and H., 1874, of Mainesville, N. Y., died April 20, 1909, æt. 54 years.

Dr. A. W. Jayne, N. Y. H. M. C. and H., 1873, of North Tonawanda, N. Y., died November 16, 1908, æt. 58 years.

BOOK NOTICE.

HUMAN PHYSIOLOGY; an Elementary Text-Book of Anatomy, Physiology and Hygiene. By John W. Ritchie, Professor of Biology, College of William and Mary, Virginia. Illustrated by Mary H. Wellman. List price, 80 cents. World Book Co., Yonkers-on-Hudson, N. Y.

This book should soon be found in all public schools. It is well written and accurate, covering the essential points which school children should know in a clear and pleasing manner. It goes into some subjects deeper than most text-books of its kind, yet at the same time in so simple a way that children of the age to which it is adapted will find no difficulty in grasping the author's meaning.

The chapter on germ diseases is especially good, but the reviewer would suggest that in the next edition a little more attention be given to the household care of milk and the dangers of neglecting the same.

ABDOMINAL APPLICATIONS IN ACUTE ENTERIC CATARRH.

When a physician, in managing a severe case of acute enteric inflammation, so commonly met with during the heated term, inaugurates the usually accepted dietetic regime for this class of cases, and puts the patient on those various remedial agents to soothe and gently astringe the intestinal mucosa in a state of catarrhal inflammation, he has not said the final word in the therapeutics of gastrointestinal disorders.

There yet remains another therapeutic aid to be considered in connection with intestinal inflammations, and it is the application of resolvent agents to the abdomen. An application of hygroscopic character, and of known efficiency in maintaining heat in the area covered, will prove a most serviceable adjuvant. While it is true that abdominal applications in the character of cases have always enjoyed more or less vogue, it is only of late years that they have come into the greatest favor, and this has been due, in large measure, to the introduction of Antiphlogistine in practical therapeutics. The use of Antiphlogistine in intestinal catarrhs has proven the worth of local applications, and especially established it as the most effective one of those in common use.

When an investigation of the pathological changes in enteric inflammations is made, which processes are identical with inflammations of mucous membrane elsewhere, it is readily seen that the application of Antiphlogistine is a rational procedure. The mucous membrane of the bowel is red and swollen, and there is an outpouring of mucus. In this acute condition, Antiphlogistine, assisted in its action by rest in bed, is decidedly appropriate. It tends to soothe the irritated nerve terminals, deplete the congested tissues and add materially to the patient's welfare.

After being warmed, Antiphlogistine is spread on cloths, which are laid over the abdominal walls, or it is spread over the abdominal surface to the depth of an eighth of an inch and covered with cloths and these with silk, whose purpose is to prevent radiation of heat as long as possible. At intervals of six or eight hours the dressing is renewed. Under this treatment, not overlooking, of course, the value of a suitable dietary and indicated drugs, the patient will enjoy the greatest comfort and progress satisfactorily to recovery.—
The Medical Era.